

REPORTS INVENTORY						CONTROL NO. DDS/OF-003	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Report of Significant Accomplishments (to DDS)						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 12		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) 15	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT DDS 67-4017, 8/8/67	
		YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>					
10. PREPARING COMPONENT (Include lowest level contributing information to report) Office of Finance				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Memoranda from Divisions and Staffs of the Office of Finance			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
Consolidation of all detailed forms attached.							\$ 2,045.51
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 2,045.51	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report is intended to highlight significant activities during the year involved in accomplishment of OF's basic functions and its continuing effort to develop more effective methods and procedures. Provides DDS a picture of the diverse and widespread activities of OF and should develop among recipients a better appreciation and understanding of OF's activities. Useful in evaluating financial management improvement within OF. Provides useful data for OF planning and programming. Report started 8/8/67; requirement established by DDS.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						<input checked="" type="checkbox"/> OTHER (explain) As required by DDS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1				18. EXTENSION	

REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Office of Finance Significant Accomplishments Report
(to DDS)

2. TYPE OF REPORT
☒ STATISTICAL
☒ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL
LOGISTICS
MEDICAL
TRAINING
SECURITY
FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

12

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annual

6. DISTRIBUTION (No. of components not number of copies)

15

7. FORMAT (memorandum, form computer print-out, etc)

Memorandum

8. ADP PROCESSING

YES IF YES GIVE ADP PROCESSING NO.
X NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

DD/S 67-4017, 8-8-67

10. PREPARING COMPONENT (include lowest level contributing information to report)

Consolidated report by OF/PPS
(contributions by OF Divisions and Staffs).

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Total of 9 Memos from OF/MD, OF/CLD, OF/CTD, OF/AD, OF/PSAD, OF/ICAD, OF/EO, OF/ALS and OF/PPS

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-16	\$ 14.04		8		\$ 112.32		1		\$ 112.32
GS-14	11.01		66		726.66		1		726.66
GS-06	3.86		21		81.06		1		81.06
									\$ 920.04
Note: Cost of feeder reports other than PPS' input are to be included in individual reports to DD/A&A by the OF Divisions and Staffs.									

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR									\$ 920.04

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is intended to highlight significant activities during the year involved in accomplishment of OF's basic functions and its continuing effort to develop more effective methods and procedures. Provides DDS a picture of the diverse and widespread activities of OF and should develop among recipients a better appreciation and understanding of OF's activities. Useful in evaluating financial management improvement within OF. Provides useful data for OF planning and programming. Report started 8/8/67; requirement established by DDS.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

RETAIN AS IS ☒ OTHER (explain) as required by DDS
CHANGE
DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS DOLLARS

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

23 Sept. 1970

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1

C/PPS

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1

REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Significant Accomplishments

2. TYPE
OF
REPORT

STATISTICAL

☒ NARRATIVE

☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

☒

PERSONNEL

☒

TRAINING

☒

LOGISTICS

☒

SECURITY

☐

MEDICAL

☒

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annually

6. DISTRIBUTION (No. of components not number of copies)

2

7. FORMAT (memorandum, form computer print-out, etc)

Memorandum

8. ADP PROCESSING

☐ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

DDS

10. PREPARING COMPONENT (include lowest level contributing information to report)

OF/SS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-05	\$ 3.36	16		\$ 53.76	1		\$ 53.76
GS-10	5.75	24		138.00	1		138.00
GS-13	9.94	16		159.04	1		159.04
GS-15	12.84	8		<u>102.72</u>	1		<u>102.72</u>
		64		\$ 453.52			\$ 453.52

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$ 453.52

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Report on Significant Accomplishments required by BOB.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS ☒ OTHER (explain) to be determined by BOB
☐ CHANGE
☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1

REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Report of Significant Accomplishments

2. TYPE
OF
REPORT

STATISTICAL

NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not
number of copies)7. FORMAT (memorandum, form
computer print-out, etc)

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level
contributing information to report)

C&L Division

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
One-half of the costs from the Financial Management Improvements Report.									\$ 228.15

B. COSTS OF COMPUTER PRODUCED REPORTS

--	--	--	--	--	--	--	--	--	--

TOTAL COSTS PER YEAR

\$ 228.15

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

RETAIN AS IS

OTHER (explain)

CHANGE

DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1

18. EXTENSION

REPORTS INVENTORY						CONTROL NO.					
PREPARE IN DUPLICATE											
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Significant Accomplishments						2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING				
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)						
	LOGISTICS		SECURITY								
	MEDICAL		<input checked="" type="checkbox"/> FINANCE								
4. NO. OF COPIES PREPARED 4	5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) 1						
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>			YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Director of Finance		
YES	IF YES GIVE ADP PROCESSING NO.										
<input checked="" type="checkbox"/> NO											
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of C/C&TD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) C&TD Branches							
12. COST FACTORS											
A. MANUAL PREPARATION AND REVIEW COSTS											
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR				
One-half of cost from Financial Management Improvements Report							\$ 174.42				
B. COSTS OF COMPUTER PRODUCED REPORTS											
TOTAL COSTS PER YEAR						\$ 174.42					
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.											
14. FUTURE GOALS											
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS					
						MAN-HOURS	DOLLARS				
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1					18. EXTENSION				

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Progress Report						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/>	STATISTICAL
						<input checked="" type="checkbox"/>	NARRATIVE
							MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.			
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) Monetary Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-15	\$ 11.00	8		\$ 88.00	1		\$ 88.00
GS-14	9.44	4		37.76	1		37.76
GS-07	3.89	1		3.89	1		3.89
							\$129.65
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 129.65	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OMB Requirement							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS					<input type="checkbox"/> OTHER (explain)	
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1					

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Significant Accomplishments					2. TYPE OF REPORT	
					<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO				
10. PREPARING COMPONENT (include lowest level contributing information to report) ICAD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X
One-half of the costs from the Financial Management Improvements Report						\$ 101.70
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR					\$ 101.70	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)					<input type="checkbox"/> MAN-HOURS <input type="checkbox"/> DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1				

SECRET

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Significant Accomplishments						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Administrative	
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES GIVE ADP PROCESSING NO. Memo from DDS		
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Chief, Accounts Div.				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Memoranda from Branches			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-13	\$10.48		1		\$10.48		1 \$10.48
GS-15	12.84		2		25.68		1 25.68
GS-06	3.74		1/2		1.87		1 1.87
						\$38.03	
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 38.03	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Last two years this report has been combined with report on Financial Management Improvements. Cost of preparation has been equally divided. "User" costs should be reported by recipient (PPS) which prepares and consolidates Office report.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1					

SECRET

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) <div style="text-align: center;">Report of Significant Accomplishments</div>						2. TYPE OF REPORT	
						STATISTICAL	
						NARRATIVE	
						MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) <div style="text-align: center;">PSAD</div>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
Same information prepared for Program Call							No Cost
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						No Cost.	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100005-1					